



# HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

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## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII  
STATE ETHICS COMMISSION

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Ogawa	Robert	T.	(808) 521-4265
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 3105			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

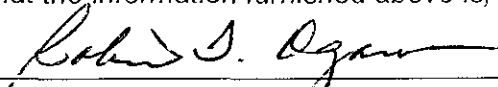
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
United HealthCare Services, Inc.	(702) 242-7191	
MAILING ADDRESS (Street)	FAX (702) 242-7931	
9900 Bren Road East	EMAIL	
(City)	(State)	(Zip Code)
Minnetonka	MN	55343
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Ann R. Tinker	(702) 242-7191	
MAILING ADDRESS (Street)	FAX (702) 242-7931	
2724 N. Tenaya Way Mail Route: NV019-2000	EMAIL	
(City)	(State)	(Zip Code)
Las Vegas	NV	89128

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

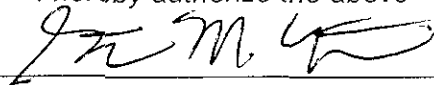
  
(Signature of Lobbyist)

1/17/13  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Stephen M. Heyman		Vice President & Head of State Government Affairs	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
United HealthCare Services, Inc.		(202) 383-6414	
MAILING ADDRESS (Street)		FAX	
701 Pennsylvania Ave., NW, Suite 200		EMAIL	
(City)		steve_heyman@uhg.com	
(State)		(Zip Code)	
Washington		DC 20004	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/10/13

(Date)